

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

1003

County Registration District No.

Registrar's No.

606

STATE FILE NUMBER

-63-004217

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1

2 050648

3

4 1

5 2

6

7 1

8 1

9

10

11

12 61-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

OK
Kilmer, Taylor
1-22-63
Broder

1. PLACE OF DEATH a. COUNTY St. Louis Mo		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis Mo		c. CITY OR TOWN Yestus	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Termin Desloge Hosp		d. STREET ADDRESS (If outside, give location) Mount. View Nrsq. Home	
3. NAME OF DECEASED (Type or print) First Mary Middle Elizabeth Last TREGO		4. DATE OF DEATH Month Jan Day 18 Year 1963	
5. SEX F	6. COLOR OR RACE W.	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/11/74
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	
13a. FATHER'S NAME CONRAD BOGER		13b. MOTHER'S MAIDEN NAME UNKNOWN	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No		16. SOCIAL SECURITY NO. INA VONTELLA MARQUES 1504 GRAHAM ST	
18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 3 weeks	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 4201 F		DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) FX LEFT FEMORAL NECK - INFECTION POST OP			
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m. Month, Day, Year			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 11-62 to PRESENT and last saw her him alive on 1-18-63 Death occurred at 1 PM on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Charles Linenmeyer, MD		22b. ADDRESS Firmia Desloge Hosp	
22c. DATE SIGNED 1-18-63			
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE JAN 21 1963	
23c. NAME OF CEMETERY OR CREMATORY BETHEL CEMETERY		23d. LOCATION (City, town, or county) SUMMERSVILLE MO.	
24. FUNERAL DIRECTOR Thomas Scuter 2906 Gravia		25. DATE RECD. BY LOCAL REG. JAN 21 1963	
26. REGISTRAR'S SIGNATURE Loan Smith, M.D.			

USE BLACK INK
OR
TYPEWRITER RIBBON

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____; Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Barley Thompson Jr

Licensed Embalmer No.

4861

P. O. Address

St Louis 19, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.